

# Tempe Parks and Recreation

3500 South Rural Road, Tempe, AZ 85282



## "All City" Fall Competitive Baseball Program For Boys Ages 10-12

This new league will be designed under a competitive atmosphere. Coaches are to register their entire team (*no individual registration accepted*). All games are played on regulation fields on Saturday mornings or early afternoons beginning September 30<sup>th</sup>. A practice field will be provided for teams to have evening practices (6:30 or 8 p.m.) beginning Sept. 25<sup>th</sup>. League play will conclude with a tournament in early November. Teams will be scheduled for no more than two practices per week. Volunteer coaches are the strength of the program and parents are encouraged to get involved with their children. All coaches are certified through the National Youth Sports Coaches Association.

**Fee: \$30 per player**

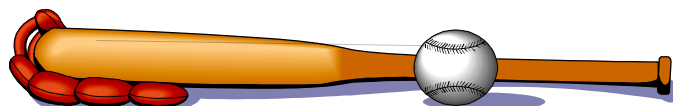
### Program Dates

Monday, September 25 - Thursday, November 2  
Games on Saturdays beginning September 30<sup>th</sup>

### Contacts

Shane Isabell @ 350-5222

Dave Sanson @ 350-5226 - 3-6 p.m.



**Age as of Dec. 31, 2000**

8 week program includes a tournament

### "All City" Fall Competitive Baseball Registration Form – For Boys 10-12 Years –

(Must accompany the team registration form)

Name \_\_\_\_\_ Parent's Name \_\_\_\_\_  
Address \_\_\_\_\_ Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

### Waiver of Liability

- With knowledge and appreciation of the risk of injury, I wish to participate in this Activity. I agree to assume the risk of personal injury while participating.
- I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants.
- I understand that all reasonable efforts will be extended to insure my health and safety.
- If the Activity includes any physical exertion, I agree to perform the exercise at my own ability level.
- I fully understand the nature of this Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Activity.
- I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Activity. I will require the following accommodation to participate: \_\_\_\_\_
- I have read and clearly understand the above statements. I realize this is a contract between myself and the City of Tempe and is a release of Liability. I sign it of my own free will.

REQUIRED: Parent or Legal Guardian Signature

/ AND Printed Name

Date

Fee: \$30 per player

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**Tempe Parks and Recreation**

**Info: 480-350-5200 / TDD: 480-350-5050**

**[www.tempe.gov/pkrec](http://www.tempe.gov/pkrec)**

Over for team registration form



**COMPETITIVE BASEBALL REGISTRATION FORM**  
(PLEASE PRINT: USE **BLACK** INK ONLY)

TEAM NAME \_\_\_\_\_

COACH \_\_\_\_\_ Asst. Coach: \_\_\_\_\_ Ph. # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ OFFICE PHONE \_\_\_\_\_ FAX \_\_\_\_\_



|     | Player | Address | City  | Zip   | Phone | Grade | Age   |
|-----|--------|---------|-------|-------|-------|-------|-------|
| 1.  | _____  | _____   | _____ | _____ | _____ | _____ | _____ |
| 2.  | _____  | _____   | _____ | _____ | _____ | _____ | _____ |
| 3.  | _____  | _____   | _____ | _____ | _____ | _____ | _____ |
| 4.  | _____  | _____   | _____ | _____ | _____ | _____ | _____ |
| 5.  | _____  | _____   | _____ | _____ | _____ | _____ | _____ |
| 6.  | _____  | _____   | _____ | _____ | _____ | _____ | _____ |
| 7.  | _____  | _____   | _____ | _____ | _____ | _____ | _____ |
| 8.  | _____  | _____   | _____ | _____ | _____ | _____ | _____ |
| 9.  | _____  | _____   | _____ | _____ | _____ | _____ | _____ |
| 10. | _____  | _____   | _____ | _____ | _____ | _____ | _____ |
| 11. | _____  | _____   | _____ | _____ | _____ | _____ | _____ |
| 12. | _____  | _____   | _____ | _____ | _____ | _____ | _____ |
| 13. | _____  | _____   | _____ | _____ | _____ | _____ | _____ |
| 14. | _____  | _____   | _____ | _____ | _____ | _____ | _____ |
| 15. | _____  | _____   | _____ | _____ | _____ | _____ | _____ |

**ROSTER IS DUE WHEN FEE IS PAID. NO EXCEPTIONS.**

Rosters must be filled out completely with the address and phone numbers of each player. Roster will be checked for validity purposes. **Rosters that do not contain complete address and phone numbers of players will not be considered for league entry ( ie that player is not officially on the roster).** As the representative of my team I have read and agree to all the rules and regulations of the Fall Competitive Baseball League, and verify to the best of my knowledge that all information given on this form to be true and accurate.

\_\_\_\_\_  
Coaches Signature

\_\_\_\_\_  
Date